





**REPORT OF AIRCRAFT ACCIDENT**

DOA-0411 (Rev. 11/91) Back

Damage to property (other than owner, pilot, or passengers, or in their care, custody or control). Describe fully and give best estimate of dollar cost. Use additional sheets if necessary.

## WAS A REPORT MADE TO ANY OF THE FOLLOWING AGENCIES:

Federal Aviation Administration

☐ YES☐ NO

Law Enforcement Agency

☐ YES☐ NO

National Transportation Safety Board

☐ YES☐ NO

Other, Specify

IF REPORT MADE (TO WHOM): NAME

ADDRESS

## AT TIME OF ACCIDENT, WAS THERE

Aircraft Liability Policy in Effect

☐ YES☐ NO

Registered as Self-Insured

☐ YES☐ NO

Bond or Other Form of Liability Protection

☐ YES☐ NO

Other, Specify

IF APPLICABLE, LIST INSURER OR BONDING FIRM TO COVER LIABILITY FOR DAMAGES OR INJURY TO OTHERS

COMPANY NAME

POLICY NO.

ADDRESS

PERIOD OF COVERAGE

POLICY ISSUED TO (INDIVIDUAL OR FIRM)

PERSON PREPARING THIS REPORT

RELATIONSHIP TO PILOT OR OWNER

ADDRESS

☐

BUSINESS

☐

HOME

PHONE

☐

BUSINESS

☐

HOME

DATE

MAIL COMPLETED REPORT TO:

**CALIFORNIA DEPARTMENT OF TRANSPORTATION  
DIVISION OF AERONAUTICS - MS #40  
P.O. BOX 942873  
SACRAMENTO, CA 94273-0001**